

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027873

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 49

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

FILED AUG 14 1962

1. PLACE OF DEATH

a. COUNTY

Mercer

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Iowa

b. COUNTY

Wayne

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN South LinevilleLength of stay in 1b
8 hourc. CITY
OR
TOWN

Olio

Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lloyd Credelius Gas StationInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Jefferson Twp.

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Roy

Middle

R.

Last

Miller

4. DATE
OF
DEATH

Month

Day

Year

Aug. 10, 1962

5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
Oct 23, 18909. AGE (last birthday)
7110. IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Electrician10b. KIND OF BUSINESS OR INDUSTRY
Own Shop.11. BIRTHPLACE (City and state or country)
Iowa12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Rudolphus Miller

13b. MOTHER'S MAIDEN NAME

Mary Elizabeth McCue

14. NAME OF HUSBAND OR WIFE

Ruby Louise Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

John Minich

Olio, Iowa

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH
ImmediateConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her
him alive on _____
Death occurred at 4:30pm. _____m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

Aug. 13, 1962

Wyoming Cemetery

Wyoming Iowa.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

_____ Student Embalmer No. _____

Student _____

Signed

Licensed Embalmer No. 3961

P. O. Address

If this body is not embalmed, fact should be so stated above.